

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
MAY 1 7 2005	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.
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1. File Number U . 25634	2. Fiscal Year Covered From:			
,	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name ED TORLE	Name NYS TROMWORKEDZS DISTRICT GONGL			
	Labor Organization File Number 045 - 838			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 505 WHITE Plains Ld	Street 505 WHITE PLAINS AD			
City Tarrytown	City Tarrytoun			
State NEW YORK ZIP Code +4 /0591	State New YiM ZIP Code + 4 10591			
5. Position in labor organization. DRGANIZER	AND THE CONTRACT OF THE CONTRA			
Enter appropriate data below if, during the past liscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
	grow with a supplementary and the supplementary of			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Last Just -	On 5/14/06 (9/4) 332 - 4430 Date Telephone Number			



Name of Person Filing

EN	Joe	1-62
	700	V 4-

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with:

Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered unde	12.b. Amount.

 Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Steel Institute 4 New York Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 211 East 43 A St City New York State New York ZIP Code + 4 10017	14.a. Nature of payment. BTEA SAFETY CONFERENCE Registration - 300
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.